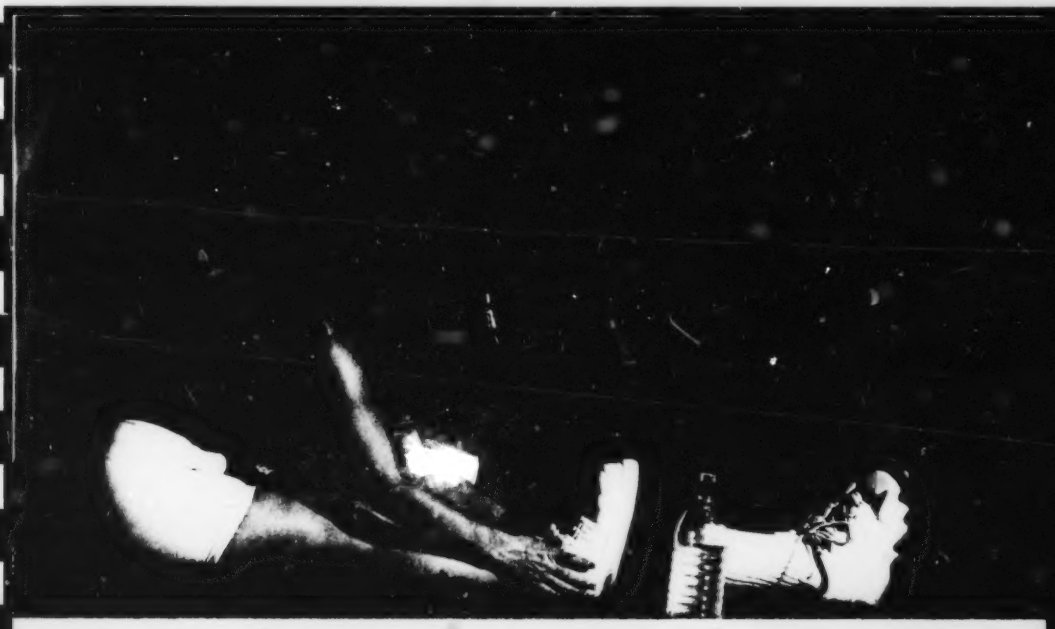

Report on the Alberta-Wide Diabetes Forum: Putting Evidence Into Practice

REPORT

Alberta Health and Wellness

Alberta Clinical Practice Guidelines

Canadian Diabetes Association | Association canadienne du diabète

Alberta Research Council

Fall 2000

For more information contact:

Alberta Clinical Practice Guidelines Program
12230 106 Avenue
Edmonton, Alberta T5N 3Z1
CANADA

Phone: 780-482-0320
Fax: 780-482-5445
E-mail: ama_cpg@amda.ab.ca

Canadian Diabetes Association
Alberta & NWT Division
1010-10117 Jasper Avenue
Edmonton, Alberta T5J 1W8

Phone: 780-423-1232
Fax: 780-423-3322
E-mail: liam.mcenery@diabetes.ca

Health Surveillance
Alberta Health and Wellness
P.O. Box 1360 STN Main
10025 Jasper Avenue
Edmonton, Alberta T5J 2N3
CANADA

Phone: 780-427-4518
(toll free-310-0000)
Fax: 780-427-1470
Internet: www.health.gov.ab.ca

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FOREWORD

Putting Evidence Into Practice was the theme for the Alberta-Wide Diabetes Forum held November 4 - 6, 1999. To support the development of this Forum, a variety of stakeholder organizations were involved, including the Alberta Clinical Practice Guidelines Program, Alberta Medical Association; Canadian Diabetes Association, Alberta & NWT; Alberta Research Council; and Alberta Health and Wellness.

The forum provided key stakeholders – health professionals including physicians, nurses and other diabetes educators, as well as regional health authority administrators, government representatives, and consumers or individuals with diabetes – with the opportunity to discuss the issues, challenges and barriers they currently face concerning diabetes management and care. The Forum also provided the participants with the opportunity to make some recommendations for changes needed in Alberta to address diabetes as a major public health concern.

The goals of the Forum were to:

- Facilitate awareness and an exchange of information between individuals and organizations involved in diabetes care and to foster collaborative efforts.
- Provide insight into the necessary support systems required for improvement in the management of diabetes in Alberta.
- Identify and document key issues with respect to diabetes care, and recommend policy and action strategies, based on issues identified.

Each day, the Forum had approximately 100 participants. Health professionals and administrators participated on November 4 and 5, while consumers, either living with diabetes or directly affected in some way, participated on November 6, 1999. Participants actively engaged in round-table discussions addressing specific issues and problems in diabetes care. The results of these discussions led to the recommendations described in this report.

EXECUTIVE SUMMARY

Diabetes mellitus (DM) is a major health problem in Canada both in terms of its impact on people with diabetes, as well as its impact on health service utilization. It is the most common single cause of end-stage renal disease and of acquired blindness; it is the risk factor that most strongly predicts the development of heart disease and stroke. An aging population and an increasing prevalence of DM inevitably means it will assume even greater importance as a health problem. It is projected the number of Albertans living with diabetes will double over the next 15 years. Currently there are approximately 80,000 Albertans who have been diagnosed with DM. The situation in the First Nations is even more startling, with a prevalence rate three times that of the general population.

The prospects for improvement in care are clear. Clinical research has recently provided evidence that improved diabetes care dramatically reduces risks of developing complications and adverse outcomes. The *Clinical Practice Guidelines for the Management of Diabetes* (1998) provides these evidence-based guidelines for treatment and care in Canada. However, if our present system of care remains unchanged, the increasing incidence (new diagnosis of diabetes) and prevalence (percentage of the population who are affected) of diabetes will lead to significant increases in the associated end-organ complications, cited above. This will lead to a dramatic rise in health care costs associated with the treatment and care of complications.

There is a clear and unavoidable inference from these conclusions – improving diabetes care and reducing the incidence of diabetes and its complications are urgent priorities. The system must change. One direction, endorsed by the Forum, is to move to a public health approach for diabetes. In this model, a strategic, population-based, evidence-driven, multisectoral, and interdisciplinary approach, focused on prevention, would be undertaken.

As a result of the Alberta-Wide Diabetes Forum, six key recommendations are to be brought forward to Alberta Health and Wellness, the regional health authorities, physician providers, other health care providers and stakeholders in diabetes prevention, treatment, and care.

RECOMMENDATIONS

1. Establish an interdisciplinary Provincial Advisory Committee on Diabetes reporting to the Minister of Health and Wellness.
2. Establish a provincial surveillance system for diabetes and its associated complications, to describe health needs and support health service research and delivery.
3. Encourage the regional health authorities to develop strategic business plans that target and enhance diabetes management, and support individuals living with diabetes.
4. Request Alberta Health and Wellness to encourage regional health authorities to be accountable in their business plans for the prevention, management and care of diabetes.
5. Promote strategies to support professional recruitment and incentives for interdisciplinary health care directed at the population with diabetes in Alberta.
6. Develop strategies, initiatives, programs, burden of illness studies, and research with a clear and specific focus on the needs of the Aboriginal population and other high-needs groups in Alberta.

The Alberta Clinical Practice Guidelines Program Diabetes Working Committee

Co-Chairs of Committee:

Dr. Alun Edwards, Medical Coordinator, Regional Diabetes Centre, Calgary Regional Health Authority and Associate Professor, Division of Endocrinology, University of Calgary

Dr. Ellen Toth, Associate Professor, Division of Endocrinology and Metabolism, University of Alberta, and Chair, Capital Health Regional Diabetes Network

Committee Members:

Dr. Jodi Abbott, Executive Director, Canadian Diabetes Association, Alberta & NWT Division

Dr. George Blakney, Co-Director, Clinical Chemistry, Dynacare Kasper Medical Laboratories, Capital Health Region

Ms. Sharon Bruneau, Home Care Team Leader, Community Health Services, East Central Health Authority

Ms. Cindy Hoerger, Clinical Practice Guidelines Coordinator, Calgary Regional Health Authority

Dr. Jeffrey Johnson, Assistant Professor, Institute of Health Economics and Faculty of Pharmacy & Pharmaceutical Sciences, University of Alberta

Dr. Mark Joyce, Family Physician, Calgary Regional Health Authority

Ms. Marion Knierim, Clinical Dietitian, Stettler Health Centre, East Central Health Authority

Ms. Katharina Kovacs Burns, Manager, Advocacy and Educational Services, Canadian Diabetes Association, Alberta & NWT Division

Ms. Mary McIntyre, District Manager, Healthy Communities, Forest Lawn Community Health Centre, Calgary Regional Health Authority

Dr. Peter Norton, Head of Department of Family Medicine, University of Calgary

Ms. Patricia Pelton, Director of Clinical Services, Northern Lights Regional Health Authority

Dr. Edmond Ryan, Professor, Division of Endocrinology and Metabolism, University of Alberta

Dr. David Strong, Medical Consultant, First Nations Diabetes Task Force

Mr. Larry Svenson, Project Coordinator, Health Surveillance Branch, Alberta Health & Wellness and Adjunct Professor, Department of Public Health Sciences, University of Alberta

Ms. Carole Szwajkowski, Diabetes Educator, University of Alberta Metabolic Centre, Capital Health Authority

Ms. Deborah Wilson, Program Director, Clinical Practice Guidelines Program, Alberta Medical Association

Ms. Sherri Wilson, Project Team Leader, Population Health Strategies Branch, Alberta Health & Wellness

Ms. Dawn Friesen, Project Team Leader, Population Health Strategies Branch, Alberta Health & Wellness

BACKGROUND FOR THE REPORT

The Alberta Clinical Practice Guidelines Program and the Alberta and Northwest Territories Division of the Canadian Diabetes Association endorsed the evidence-based 1998 *Clinical Practice Guidelines for the Management of Diabetes in Canada* (CPGs) and encouraged all health care professionals in Alberta to adopt and implement them. The Forum supported this position and recommended the Alberta Government, the regional health authorities, health care providers and Albertans with diabetes and their families adopt, advocate and support the CPGs — and implement the guidelines within their areas of interest and responsibility.

While more effective management increases the short-term financial burden on the person with diabetes (for monitoring and management supplies, medication, and diet), and on the health care system, it is known from studies in the United States (The Diabetes Control and Complications Trial, 1993) and United Kingdom (The United Kingdom Prospective Diabetes Study, 1998), that resultant health benefits can be cost-effective over the long term. For improved management of diabetes in Alberta, the first recommendation in the CPGs is crucial. This recommendation calls for diabetes care to be "organized around an interdisciplinary diabetes health care (DHC) team". In particular, people with diabetes and their families are to be at the center of the DHC team. They must "take responsibility for their personal health care and delivery." To do this, they must "participate actively in their care" by becoming full participants on the DHC team. Further, the guideline emphasizes that primary care physicians (general practitioners or in some cases diabetes specialists) play the pivotal role on DHC teams. These physicians can introduce the CPGs into daily diabetes management and "co-ordinate and facilitate" diabetes care, including appropriate and timely reminders for assessment and management activities. And they must "assure communication among all members of the DHC team." The basic DHC team also includes "a diabetes medical specialist/ endocrinologist/internist" (if the primary care physician is not a specialist) "and diabetes educators (nurses and dietitians)."

STRATEGIES FOR DIABETES MANAGEMENT

Recommendations:

1. Alberta Health and Wellness would establish the Provincial Advisory Committee on Diabetes. This committee would advise the Minister of Health and Wellness on the development of a provincial strategy for prevention and management of diabetes. The advisory committee would be constituted to ensure appropriate stakeholder representation, and would base its recommendations on the CPGs and on effective existing programs in Alberta.

2. The Ministry of Health and Wellness would commission a comprehensive provincial burden of illness study to determine the direct and indirect financial, economic, social and personal costs of all types of diabetes, with a strategic assessment of implications for current and future public health policy that reflects demographic and epidemiological trends.

3. Based on the recommendations from this study and the Advisory Committee, the Ministry of Health and Wellness would develop a long-term provincial strategic plan for diabetes management in Alberta. This strategic plan would address (a) compliance with the CPGs among health and diabetes care professionals, and (b) adoption of CPG standards by health care systems and authorities.

4. Following the provincial diabetes strategy, regional health authorities would then develop and implement their strategic and business plans including prevention, care and management initiatives.

5. In Alberta a multi-stakeholder/interdisciplinary partnership should be established to increase public awareness and advocate public funding for diabetes management.

6. A provincial surveillance system for diabetes should be developed that would track diabetes care and complications, and support planning, evaluation, and policy and program development.

7. A provincial program of health services research in diabetes would be undertaken in conjunction with research organizations.

8. Alberta Health and Wellness would assist in the sponsorship of forums every two years, similar to the 1999 Alberta-Wide Diabetes Forum, in order to enhance education, promote networking, and facilitate change.

9. A plan would be developed to ensure adequate human resources exist in Alberta for diabetes care. This plan would include methods to:

    - Recruit young people into diabetes care specialties.
    - Include CPGs and updates in undergraduate, graduate, continuing education and in-service training programs for health professionals.
    - Develop incentives for health care professionals to work in remote areas.

10. Alberta Health and Wellness would consider methods to promote the following initiatives for diabetes care:

    - Full health care coverage of diabetes management costs including test strips.
    - Fair and equitable access to programs and information for the citizens of Alberta.
    - Integrated care through interdisciplinary diabetes care teams.
    - Co-operation and collaboration among government agencies, community and volunteer agencies (Canadian Diabetes Association and others), and professional agencies (Alberta Medical Association and others).
    - Information and messages consistent with CPGs and updates.
    - Uniform, consistent and portable patient data.
    - Self-management and personal responsibility.

11. People with diabetes and their families would take greater responsibility for managing their own care.

12. All the barriers, solutions and recommendations dealing with the implementation of the CPGs in Alberta, as mentioned in relation to the general population, would also need to be considered and addressed in the Aboriginal population and other high-needs groups.

CHALLENGES AND BARRIERS

The Forum presenters discussed diabetes as a significant public health issue in light of current surveillance data and information. There are implications for the implementation of and compliance with the Clinical Practice Guidelines, as well as for the development of diabetes strategies at national, provincial and regional health authority levels.

Barriers for the Alberta Government, Alberta Health and Wellness and Regional Health Authorities

- There is intense competition for resources among many worthwhile priorities.
- There is a lack of reliable and comprehensive data concerning the personal and social burden, and long-term costs of diabetes.
- Regional health authorities should be accountable regarding the coordination and distribution of information needed by DHC teams for good diabetes management.
- Alberta Health and Wellness and regional health authorities appear not to have strategic plans for dealing with diabetes or communication plans to make Albertans aware of their risk and the personal and public health benefits of prevention.

Barriers for health care professionals

- Compensation systems do not recognize team care or allow allocation of fees among team members.
- Many general practitioners do not have the means, resources or infrastructure needed to set up and maintain DHC teams.
- Practice procedures, charting and filing systems as yet have not been designed for use with teams.
- Appropriate support networks of specialists and peers, who have diabetes management experience, may not be available as needed.
- Many general practitioners lack the resources (including time) to either acquire the knowledge or remain current with diabetes-specific updates.
- While the CPGs make primary care physicians responsible for coordinating DHC teams, they do not specify who should establish, administer and fund the teams.

- Undergraduate, graduate, continuing education and in-service training programs directed at diabetes care are insufficient.

Barriers for people with diabetes

- The costs of managing diabetes in accordance with CPG guidelines are beyond the means of many people with diabetes.
- Many people with diabetes do not have the knowledge and support they need to take responsibility for their diabetes care in accordance with CPG guidelines. Not enough diabetes education programs are available and not everyone has access to them.
- Health care professionals including physicians are inadequately supported to supply enough information and education for their diabetic patients.
- There are public misconceptions about diabetes, which has resulted in some discrimination.
- There are cultural differences in the acceptance of diabetic diagnosis.

Groups with special risks and challenges face additional barriers

- Aboriginal people
- Others with education, language and cultural barriers
- Seniors
- Children
- People in isolated communities

SUMMARY

The Alberta-Wide Forum provided the opportunity for presentations and discussions between various health professionals, health administrators, government representatives, and consumers. Discussions identified challenges and barriers, as well as recommendations for diabetes prevention, management, treatment and care throughout Alberta. There was overall consensus about the need for a provincial diabetes strategy, which would provide the infrastructure for planning, and implementation of diabetes prevention to treatment and management along a continuum of care framework. *The Clinical Practice Guidelines for the Management of Diabetes* (1998) is the guideline for the professional practices by members of the Diabetes Health Care Team and for the self-management practices by individuals with diabetes. This Forum is the first step towards identifying the issues and what needs to happen to be proactive in diabetes prevention and management in Alberta.

ACKNOWLEDGEMENTS

The Alberta Clinical Practice Guidelines Program Diabetes Working Committee, would like to extend their appreciation to the Forum Chairs (Dr. Alun Edwards, Dr. Ellen Toth, and Ms. Katharina Kovacs Burns), and to all the speakers, facilitators, and participants of the first Alberta-Wide Diabetes Forum, November 4 – 6, 1999. The Committee would especially like to acknowledge the supporters of the Forum (Alberta Clinical Practice Guidelines Program administered by the Alberta Medical Association; Alberta Health and Wellness; Alberta Research Council; Canadian Diabetes Association, Alberta & NWT Division; Alberta Heritage Foundation for Medical Research; Bayer Health Canada; Eli Lilly Canada Inc.; Janssen-Ortho Inc.; and SmithKline Beecham Pharma) who provided the funding and services-in-kind. A special thanks also goes to the organizers of the Forum (Ms. Julie Collis, Alberta Clinical Practice Guidelines Program; Ms. Katharina Kovacs Burns, Alberta/NWT Division of the Canadian Diabetes Association; Ms. Michelle Limoges, Alberta Research Council; Mr. Larry Svenson, Alberta Health and Wellness; and Ms. Deborah Wilson, Alberta Clinical Practice Guidelines Program).